

Attachment 7
DABK05-03-R-0010

PEST MANAGEMENT
ACTIVITY REPORT

(To be submitted to the installation Pest Management Coordinator,
Attn: Rafael Corral at FAX 568-3548, Phone 568-6977)

Date _____

Company name: _____
Contractor P.O.C.: _____
Address: _____
Phone No.: _____

Facility serviced: _____
Manager / P.O.C. _____
Phone No. _____

Type of pest control activity: _____
(inspection, baiting, application, etc.)

Product(s) used (if any): _____
(name and formulation, e.g. WP, EC, etc.)

EPA Registration No.: _____

Concentration of final mix applied (if any): _____

Total amount of mix used: _____

OR

Amount of commercial product used _____

APPLICATOR'S NAME AND SIGNATURE

**(Current certification documents must be on file at the
Fort Bliss Directorate of Environment)**